

**North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch**



ATTENTION HEALTH CARE PROVIDERS:

Please report relevant clinical findings about this disease event to the local health department.

Durham County Health Department
Communicable Disease Control
414 East Main Street
Durham, NC 27701

Telephone: (919) 560-7600
Fax: (919) 560-7716

**PSITTACOSIS
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 31**

**ATTENTION Local Health Department Staff: There is no Part 2 Wizard for this disease.
Enter all information from this form into the NC EDSS question packages.**

If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN

NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

CLINICAL FINDINGS

Is/was patient symptomatic for this disease? Y N U

If yes, symptom onset date (mm/dd/yyyy): / /

Fever Y N U

Yes, subjective No
 Yes, measured Unknown

Highest measured temperature _____

Fever onset date (mm/dd/yyyy): / /

Chills or rigors Y N U

Headache Y N U

Eyes sensitive to light (photophobia) Y N U

Encephalitis Y N U

Muscle aches/pains (myalgias) Y N U

Cough Y N U

Onset date (mm/dd/yyyy): / /

Productive Y N U

Backache/back pain Y N U

Shortness of breath/difficulty breathing/respiratory distress Y N U

Pneumonia Y N U

Confirmed by x-ray or CT Y N U

Myocarditis Y N U

Enlarged spleen (splenomegaly) Y N U

Thrombophlebitis Y N U

PREGNANCY

Is the patient currently pregnant? Y N U

Estimated delivery date: / /

TREATMENT

Did the patient receive an antibiotic for this illness? Y N U

Specify antibiotic name: _____

HOSPITALIZATION INFORMATION

Was patient hospitalized for this illness >24 hours? Y N U

Hospital name: _____

City, State: _____

Hospital contact name: _____

Telephone: (____) ____ - _____

Admit date (mm/dd/yyyy): / /

Discharge date (mm/dd/yyyy): / /

ISOLATION/QUARANTINE/CONTROL MEASURES

Did local health director or designee implement additional control measures? Y N

If yes, specify: _____

PREDISPOSING CONDITIONS

Any immunosuppressive conditions? Y N U

Specify _____

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN / /

CLINICAL OUTCOMES

Discharge/Final diagnosis: _____

Survived? Y N U

Died? Y N U

Died from this illness? Y N U

Date of death (mm/dd/yyyy): ____/____/____

Autopsy performed? Y N U

Patient autopsied in NC? Y N U

County of autopsy: _____

Autopsied outside NC, specify where: _____

Source of death information (select all that apply):

Death certificate

Autopsy report final conclusions

Hospital/discharge physician summary

Other

ANIMAL EXPOSURE

During the 28 days prior to onset of symptoms: Did the patient have exposure to animals (wild, domestic, or pet birds)? (includes bird tissues, bird products, or bird excreta) Y N U

Bird(s), specify:

- Poultry
 - chickens
 - turkeys
- Waterfowl
 - ducks
 - swans
 - geese
- Game Birds
 - quail
 - pheasant
 - other
- Pet Birds
 - psittacine or parrot family
 - non-psittacine
- Pigeons, Doves
- Other Birds (ostrich, emu, etc.)

Has patient otherwise slaughtered animals or been a butcher, meat cutter, or meat processor? Y N U

Please give details: _____

Did the patient work at or visit a zoo, zoological park, or aquarium? Y N U

Please give details: _____

Did the patient own, work at, or visit a private or public aviary (bird exhibit) or live bird market? Y N U

Please give details: _____

Did patient work in a veterinary practice or animal laboratory, animal research setting, biomedical laboratory, or an animal diagnostic laboratory? Y N U

If yes, which type of work setting?

Animal diagnostic (pathology) laboratory

Animal laboratory / animal research

Biomedical laboratory

Did patient necropsy animals? Y N U

If yes, specify and give details: _____

Did patient work with *C. psittaci*? Y N U

If yes, specify and give details: _____

CASE INTERVIEWS/INVESTIGATIONS

Was the patient interviewed? Y N U

Date of interview (mm/dd/yyyy): ____/____/____

Were interviews conducted with others? Y N U

Who was interviewed? _____

Were health care providers consulted? Y N U

Who was consulted? _____

Medical records reviewed (including telephone review with provider/office staff)? Y N U

Specify reason if medical records were not reviewed: _____

Notes on medical record verification:

TRAVEL/IMMIGRATION

The patient is:

Resident of NC

Resident of another state or US territory

None of the above

Did patient travel during the 28 days prior to onset of symptoms? Y N U

List travel dates and destinations:

From ____/____/____ to ____/____/____

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? Y N U

List persons and contact information:

Additional travel/residency information:

OTHER EXPOSURE INFORMATION

Does the patient know anyone else with similar symptoms? Y N U

If yes, specify: _____

GEOGRAPHICAL SITE OF EXPOSURE

In what geographic location was the patient MOST LIKELY exposed?

Specify location:

In NC

City _____

County _____

Outside NC, but within US

City _____

State _____

County _____

Outside US

City _____

Country _____

Unknown

Is the patient part of an outbreak of this disease? Y N

Notes:

HEALTH CARE FACILITY AND BLOOD & BODY FLUID EXPOSURE RISKS

During the 28 days prior to onset of symptoms, did the patient work in a laboratory? Y N U

If yes, specify and give details: _____

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Psittacosis (*Chlamydia psittaci*) (Ornithosis)

1996 CDC Case Definition

Clinical description

An illness characterized by fever, chills, headache, photophobia, cough, and myalgia

Laboratory criteria for diagnosis

- Isolation of *Chlamydia psittaci* from respiratory secretions, or
- Fourfold or greater increase in antibody against *C. psittaci* by complement fixation or microimmunofluorescence (MIF) to a reciprocal titer of greater than or equal to 32 between paired acute- and convalescent-phase serum specimens, or
- Presence of immunoglobulin M antibody against *C. psittaci* by MIF to a reciprocal titer of greater than or equal to 16

Case classification

Probable: a clinically compatible case that is epidemiologically linked to a confirmed case or that has supportive serology (e.g., *C. psittaci* titer of greater than or equal to 32 in one or more serum specimens obtained after onset of symptoms)

Confirmed: a clinically compatible case that is laboratory confirmed

Comment

The serologic findings by CF also may occur as a result of infection with *Chlamydia pneumoniae* or *Chlamydia trachomatis*. The MIF might be more specific for infection with *C. psittaci*, but experience with and availability of this newer test are more limited.